

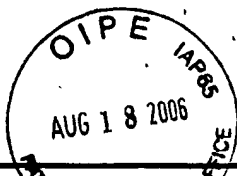
2611 IFW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/072,091
		Filing Date	February 6, 2002
		First Named Inventor	Andrew L. Norrell
		Art Unit	2611
		Examiner Name	Torres, Juan A.
Total Number of Pages in This Submission	20	Attorney Docket Number	6491P038

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px; min-height: 50px;">Postcard</div>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey T. Holman, Reg. No. 51,812 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	8/16/06

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Deborah A. McGovern		
Signature		Date	8/16/06



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 10/072,091
Filing Date February 6, 2002
First Named Inventor Andrew L. Norrell
Examiner Name Torres, Juan A.
Art Unit 2611
Attorney Docket No. 6491P038

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	49	49* = 0	50.00 = \$0.00
Independent Claims	5	5* = 0	200.00 = \$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 395	**Reissue independent claims over original patent	
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		Submission of Information Disclosure Statement			
SUBTOTAL (2)					
				(\$)	

SUBMITTED BY

Name (Print/Type) Jeffrey T. Holman

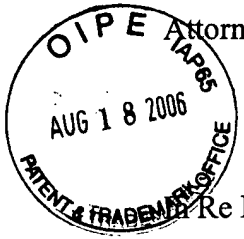
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Signature

Jeffrey T. Holman

Date 8/16/06



Attorney's Docket No. 6491P038

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of:

Andrew L. Norrell et al.

Application No.: 10/072,091

Filed: February 6, 2002

Art unit: 2611

Examiner: Torres, Juan A.

For: LOOP EXTENDER WITH
COMMUNICATIONS, CONTROL,
AND DIAGNOSTICS

Confirmation No.: 9464

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on August 16, 2006
Date of Deposit

Deborah A. McGovern
Name of Person Mailing Correspondence

Deborah A. McGovern 8/16/06
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Examiner:

In response to the Office Action mailed on May 16, 2006, Applicant respectfully requests that the Examiner enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 12 of this paper.